

**CITY OF MONTROSE  
PEDDLER OR PEDDLER'S HELPER LICENSE APPLICATION**

**THE FOLLOWING MUST BE PROVIDED AT THE TIME OF APPLICATION:**

1. Copy of Driver's License OR State Id
2. Appropriate Fees
3. Completed Application – ***ALL FIELDS MUST BE COMPLETED***

**Incomplete Applications Will Not Be Processed**

**PEDDLER APPLICANT INFORMATION**

Name \_\_\_\_\_

Permanent Address \_\_\_\_\_

Temporary Address (If different from permanent address)  
\_\_\_\_\_

Phone (     ) \_\_\_\_\_

**REFERENCES**

Please provide the names of 2 individuals that will certify to the good character and business responsibility of the applicant.

1. NAME \_\_\_\_\_ PHONE \_\_\_\_\_

ADDRESS \_\_\_\_\_

2. NAME \_\_\_\_\_ PHONE \_\_\_\_\_

ADDRESS \_\_\_\_\_

**CRIMINAL RECORD** (IF APPLICABLE – Include Misdemeanors, Traffic and Parking Violations / and Penalties or Punishment)

\_\_\_\_\_  
\_\_\_\_\_

**BUSINESS / ORGANIZATION INFORMATION**

Name of Business \_\_\_\_\_

Owner \_\_\_\_\_ Phone (     ) \_\_\_\_\_

Business Address \_\_\_\_\_

Type of Business \_\_\_\_\_

Description of Goods to be Sold \_\_\_\_\_

Vehicle – color / make \_\_\_\_\_ License Plate \_\_\_\_\_

Relationship of Applicant to the Employer \_\_\_\_\_  
*(Attach credentials establishing the exact relationship)*

**FEES: PEDDLER**

UP TO 3 MONTHS \$25 \_\_\_  
3 TO 6 MONTHS \$50 \_\_\_  
12 MONTHS \$100 \_\_\_

**Return form, along with all of the items listed at the top of the application and appropriate fees to:**  
City of Montrose, 141 Parkway Dr., Montrose, MI 48457

**Make checks or money orders payable to:** *The City of Montrose*

*I HEREBY STATE THAT ALL OF THE FOREGOING IS TRUE AND THAT I AM FREE OF ANY INFECTIOUS, CONTAGIOUS OR COMMUNICABLE DISEASE.*

*I UNDERSTAND THAT FAILURE TO PROVIDE COMPLETE INFORMATION WILL DELAY PROCESSING MY APPLICATION.*

*I UNDERSTAND THAT THIS IS AN APPLICATION AND THAT I CANNOT ENGAGE IN BUSINESS UNTIL I HAVE OBTAINED MY PEDDLER'S LICENSE FROM THE CITY CLERK.*

*I FURTHER UNDERSTAND THAT RECEIVING A PEDDLER'S PERMIT DOES NOT COVER PEDDLING AT CITY COUNCIL APPROVED SPECIAL EVENTS AND THAT I MUST SEEK APPROVAL TO PEDDLE AT THOSE EVENTS FROM THE SPONSORING ORGANIZATION.*

\_\_\_\_\_  
Applicant Signature

\_\_\_\_\_  
Date

**OFFICE USE ONLY**

**City Manager:** \_\_\_\_\_ Approved \_\_\_\_\_ Denied

Signature \_\_\_\_\_ Date \_\_\_\_\_

Reason for denial: \_\_\_\_\_

License No: \_\_\_\_\_ Issue Date: \_\_\_\_\_

Expiration Date: \_\_\_\_\_